

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

A Public Document

MAR 30 2010

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
WRIGHT	RODERICK	D	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
[REDACTED]			
OPTIONAL E-MAIL ADDRESS			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CALIFORNIA STATE SENATE

Division, Board, District, if applicable:

25TH DISTRICT

Your Position:

ELECTED OFFICIAL

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Travel Payments

-or-

☐ No reportable interests on any schedule

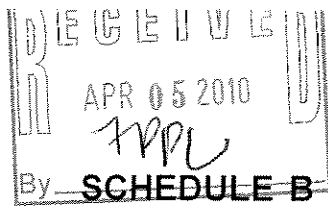
5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed MARCH 26, 2010
(month, day, year)

Signature [REDACTED]
(file the originally signed statement with your filing official.)



FB

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

Interests in Real Property
(Including Rental Income)

► STREET ADDRESS OR PRECISE LOCATION
868 GLENWAY DRIVE
CITY
INGLEWOOD, CA 90302

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

ACQUIRED 09 DISPOSED 09

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ TERM (Months/Years) _____
_____ % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

► STREET ADDRESS OR PRECISE LOCATION
7627 S. DALTON AVENUE
CITY
LOS ANGELES, CA 90047

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

ACQUIRED 09 DISPOSED 09

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Verification

Print Name **RODERICK D. WRIGHT**

Office, Agency or Court **CA STATE SENATE**

Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ _____ Annual ☐ Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed **MARCH 26, 2010**

Signature _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Date Received
Official Use Only

MAR 24 2010

10 MAR 25 PM 12:25
A Public Document

EB

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
WRIGHT	RODERICK	D		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
			OPTIONAL E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CALIFORNIA STATE SENATE

Division, Board, District, if applicable:

25TH DISTRICT

Your Position:

ELECTED OFFICIAL

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☒ Yes – schedule attached
Income – Travel Payments

-or-


☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed MARCH 23, 2010

Signature 
(File the originally signed statement with your filing official.)

EB

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

► NAME OF SOURCE
City of Los Angeles-Legislative & Gov't Affairs
 ADDRESS (Business Address Acceptable)
1400 K Street, Room 208
 CITY AND STATE
Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): 01 / 04 / 09 - 12 / 17 / 09 AMT: \$ 600.00
 (If applicable)
 TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
 DESCRIPTION: LAX parking and shuttle services

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): _____ - _____ AMT: \$ _____
 (If applicable)
 TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
 DESCRIPTION: _____

► NAME OF SOURCE


 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): _____ - _____ AMT: \$ _____
 (If applicable)
 TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
 DESCRIPTION: _____

Verification

Print Name RODERICK D. WRIGHT
 Office, Agency or Court CA STATE SENATE
 Statement Type ☒ 2009/2010 Annual ☐ Assuming ☐ Leaving
☐ (yr) Annual ☐ Candidate
 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
 I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date Signed MARCH 23, 2010
 Signature 

Comments: _____

COVER PAGE

FEB 26 2010

2010 MAR -1 PM 5:14

A Public Document

Please type or print in ink.

NAME (LAST)		(FIRST)		(MIDDLE)	DAYTIME TELEPHONE NUMBER
WRIGHT		RODERICK		DEVON	[REDACTED]
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
[REDACTED]					

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CA STATE LEGISLATURE

Division, Board, District, if applicable:

STATE SENATE, 25TH DISTRICT

Your Position:

ELECTED OFFICIAL-SENATOR

► If filing for multiple positions, list additional agency(ies)/
position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2009,
through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through
December 31, 2009.

☐ Leaving Office Date Left: ____/____/____
(Check one)

☐ The period covered is January 1, 2009, through the
date of leaving office.

-or-

☐ The period covered is ____/____/____, through
the date of leaving office.

☐ Candidate

Election Year: _____

4. Schedule Summary

► Total number of pages
including this cover page: 6

► Check applicable schedules or "No reportable
interests."

I have disclosed interests on one or more of the
attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
*Income, Loans, & Business Positions (Income Other than Gifts
and Travel Payments)*

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this
statement. I have reviewed this statement and to the best
of my knowledge the information contained herein and in any
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State
of California that the foregoing is true and correct.

Date Signed FEBRUARY 22, 2010

(month, day, year)

Signature

(File the originally signed statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

RODERICK D. WRIGHT

► STREET ADDRESS OR PRECISE LOCATION

868 GLENWAY DRIVE

CITY

INGLEWOOD, CA 90302

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

MICHA GREEN
WANDA SANDERS

► STREET ADDRESS OR PRECISE LOCATION

7627 S. DALTON AVENUE

CITY

LOS ANGELES, CA 90047

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

RODERICK D. WRIGHT

► STREET ADDRESS OR PRECISE LOCATION

4556 DON MILAGRO DRIVE

CITY

LOS ANGELES, CA 90008

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold _____
Yrs. remaining

☐ _____
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold _____
Yrs. remaining

☐ _____
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Roderick D. Wright

▶ NAME OF SOURCE
Southern California Edison

ADDRESS (Business Address Acceptable)
2244 Walnut Grove Avenue, Rosemead, CA 91770

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 17 / 09</u>	<u>\$ 16.50</u>	<u>holiday ornament</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
CA Foundation on the Environment and the Economy

ADDRESS (Business Address Acceptable)
Pier 35, Suite 202, San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 23 / 09</u>	<u>\$ 50.00</u>	<u>delegation gift</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
The Walt Disney Company

ADDRESS (Business Address Acceptable)
500 S. Buena Vista Street, Burbank, CA 91521-0736

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 24 / 09</u>	<u>\$ 378.00</u>	<u>Disneyland Resort tix</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Barona Band of Mission Indians

ADDRESS (Business Address Acceptable)
1095 Barona, Lakeside, CA 92040-1599

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 26 / 09</u>	<u>\$ 159.07</u>	<u>hotel room & meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Pacific Gas and Electric Company

ADDRESS (Business Address Acceptable)
1415 L Street, Suite 280, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 19 / 09</u>	<u>\$ 159.37</u>	<u>dinner at Morton's</u>
<u>04 / 16 / 09</u>	<u>\$ 18.97</u>	<u>lunch @ Diablo Canyo</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
CA Cable and Telecommunications Association

ADDRESS (Business Address Acceptable)
1001 K Street, 2nd Floor, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 01 / 09</u>	<u>\$ 40.00</u>	<u>dinner</u>
<u>08 / 26 / 09</u>	<u>\$ 22.28</u>	<u>open house reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>RODERICK D. WRIGHT</u>

► NAME OF SOURCE
CA Correctional Peace Officers Association
ADDRESS (Business Address Acceptable)
1415 L Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 16 / 09</u>	<u>\$ 56.18</u>	<u>dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
CA Distributors Association
ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1500, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 10 / 09</u>	<u>\$ 87.20</u>	<u>dinner in La Quinta</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Comcast Corporation
ADDRESS (Business Address Acceptable)
1415 L Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 16 / 09</u>	<u>\$ 39.92</u>	<u>reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Verizon
ADDRESS (Business Address Acceptable)
1201 K Street, Suite 960, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 24 / 09</u>	<u>\$ 213.55</u>	<u>NBA tix food & bevera</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
CA Association of Winegrape Growers
ADDRESS (Business Address Acceptable)
1325 J Street, Suite 1560, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 04 / 09</u>	<u>\$ 12.68</u>	<u>breakfast reception</u>
<u>06 / 17 / 09</u>	<u>\$ 47.00</u>	<u>(2) bottles of wine</u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
CA Building Industry Association
ADDRESS (Business Address Acceptable)
1215 K Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 15 / 09</u>	<u>\$ 93.75</u>	<u>Leg. dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Roderick D. Wright

▶ NAME OF SOURCE
 Del Mar Thoroughbred Club

ADDRESS (Business Address Acceptable)
 P.O. Box 700 Del, Mar, CA 92014-0700

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 22 / 09	\$ 255.00	opening day event
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____
